



# Provider Review

Issue 1 Volume14 2014

## Missed Appointments

CMDP's priority is to ensure our members are getting the medically necessary care required to live a healthy life. As the primary care provider for Medical and Dental services for children in care, one way to achieve this objective is to assist members in keeping all scheduled appointments with their Primary Care Providers (PCP's) and Primary Dental Providers (PDP's). Please notify Member Services at (602) 351-2245 or (800) 201-1795 if a member continually misses or cancels appointments without rescheduling them. CMDP will follow up with the caregiver and case manager to address the missed appointments and your CMDP Provider Services Representative will follow up with you as well.

Representative will follow up with you as well.

If a pregnant member misses two consecutive prenatal care appointments the Primary Care Obstetrician (PCO) should notify the Maternal Child Health Coordinator at (602) 351-2245 or (800) 201-1795.



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## Dental Sealants – A Powerful Tool



Establishing the dental home and initiating early preventive services is critical in the fight to eliminate the occurrence and progression of oral disease. Dental sealants play an important role in this preventive effort against dental caries in children.

Although dental sealants have been commercially available for over 40 years, the proportion of children receiving sealants, especially in low income Arizona families, has remained low. Caries risk among children aged 6 through 11 in high risk populations is sufficiently high to justify sealing all eligible permanent molars.

The likelihood of developing pit and fissure decay begins early in life, so children and teenagers are obvious candidates for sealants. Sealant placement on newly erupted 6 year and 12 year molars would provide the most ideal time for this treatment service.

AHCCCS covered dental benefit includes sealants on permanent first and second molars and requires no prior authorization. Sealants are not covered on primary second molars. Dental sealants are reported using ADA cdt code (D1351) in the claims submission process. The frequency limitation per tooth is once every three years and maximum benefit two times per member lifetime.

CMDP dental service providers can access the Dental Benefits Matrix online at [www.AZDES.gov/dcyf/cmdpe](http://www.AZDES.gov/dcyf/cmdpe) in the provider services link.

Tooth Sealants are highly effective and beneficial preventive service. Dentists are encouraged to offer and increase the use of sealants for CMDP members in their practices.

Dr Jerry Caniglia  
CMDP Dental Consultant

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## Permanent Dental Crowns – Benefit Requirements

Dental cast crowns are AHCCCS eligible services for selective permanent teeth and are described in the CMDP Dental Benefits Matrix. Benefit service requirements include prior authorization, x-ray, and are allowable for functional permanent endodontically treated teeth. The age restriction is for members 18 – 20 years.

The full cast precious and semi-precious crowns include codes D2790, D2791 and D2792. Porcelain fused to metal crowns include codes D2750, D2751, D2752. The Titanium crown has the designated code D2794. If a tooth requiring full coverage has not received root canal therapy and member fails to meet the age restriction, stainless steel crowns are indicated where appropriate. Alternative covered services would include Resin-Based Composite Crown D2390 and Prefabricated Resin Crown D2932.

The most important reference source to confirm currently covered services and designated dental codes is the CMDP Dental Benefit Matrix. The Matrix includes code description, coverage category and prior authorization (PA) requirements. The CMDP Dental Matrix can be accessed online at [www.AZDES.gov/dcyf/cmdpe](http://www.AZDES.gov/dcyf/cmdpe) in the provider services link.

Dr Jerry Caniglia  
CMDP Dental Consultant

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## AAP Updates Statement on Early Oral Health

*Maintaining and Improving the Oral Health of Young Children*, an updated AAP policy statement ( *Pediatrics* 2014;134:1224-1229 [Abstract/FREE Full Text](#)), describes health patterns and demographics that contribute to the status of a child's oral health, as well as a pediatrician's role in the early establishment of oral health practices.

Dental caries is the most common chronic disease among children. In children ages 2 to 4, the incidence of dental caries has increased significantly since 1988, from 19% to 24%. Dental caries results from a combination of factors, and the policy outlines evidence to prevent, reduce and even reverse dental caries progression.

The statement describes how children's demographic and health backgrounds contribute to oral health. Parental influence and oral bacteria play a large role in caries development, as does an overly sugared diet. The statement recommends several strategies to reduce a child's sugar intake, beginning with breastfeeding and bottle advice. The statement details age-appropriate brushing habits, fluoride considerations and precautionary measures.

The policy regards the establishment of a "dental home" by the time a child is 1 year old as especially important. Strong connections and collaborative relationships between dental providers and pediatricians are essential in continuing to improve children's oral health.

The statement calls for pediatricians to:

- Offer anticipatory guidance based on their patient's history, diet, oral hygiene and tooth status to establish healthy teeth from the beginning.
- Encourage parents to model healthful oral hygiene practice and to refrain from sharing items with their child that have had contact with the parent's mouth.
- Demonstrate proper brushing technique as soon as a child's first tooth erupts.
- Recommend diets low in sugar.
- Suggest checking the home for sharp corners and objects that pose a dental risk.
- Recommend mouth guards while playing sports.

Although there is not a particular test to estimate each child's risk of caries, the Academy offers the Bright Futures Oral Health Risk Assessment Tool.

For information, visit <http://www2.aap.org/oralhealth/RiskAssessmentTool.html>.



## The A in Asthma Stands for Action Plan



An asthma action plan is a written plan that tells your patients, and their caregivers, how to treat their asthma on a daily basis. The plan also helps them deal with sudden increases in their asthma symptoms. The plan tells them what medicine is needed every day, what steps to take for an asthma attack (based on its severity), and when they should call their doctor or seek emergency treatment.

The doctor, patient, and caregivers work together to make an asthma action plan. In general, the plan can include:

- When to take the medicines they need daily to control airway inflammation.
- What medicine to take and what steps to follow to deal with an asthma attack.
- Treatment goals
- How to measure their peak expiratory flow (PEF) with a peak flow meter.
- An asthma diary where they can record their PEF values and the triggers that cause their symptoms.

The action plan is based on zones of asthma severity defined by symptoms and the patients personal best PEF.

- **Green zone.** Green means Go. The patient's PEF is 80 to 100% of their personal best PEF. They also are not having any asthma symptoms. They should be cautioned that although they are doing well, they need to continue their daily asthma maintenance medications.
- **Yellow zone.** Yellow means Caution. They are in the yellow zone of their asthma action plan if their PEF is 50% to 79% of their personal best measurement. They may or may not have any mild to moderate symptoms but their lung function is reduced. The action plan should state which quick-relief medicines they need to take, how much to take, and when to take them.
- **Red zone.** Red means DANGER. They are in the red zone of their asthma action plan if their peak expiratory flow is less than 50% of their personal best measurement. Their symptoms may be severe. They need to seek medical help immediately. While they are seeking emergency help, they need to understand they need to follow their action plan and take their medicines as directed.

With an asthma action plan you can help insure the best outcomes for your patients.

Asthma Action Plan Resources: [http://www.cdc.gov/asthma/tools\\_for\\_control.htm](http://www.cdc.gov/asthma/tools_for_control.htm)

## HIV Testing for Pregnant Youth

### Fast Facts

- All pregnant women should be screened for HIV as early as possible during each pregnancy.
- Women with HIV who take antiretroviral medication during pregnancy as recommended can reduce the risk of transmitting HIV to their babies to less than 1%.
- HIV disproportionately affects black/African American children in the United States

Because approximately 18% of all people with HIV do not know their HIV status, many women who are infected with HIV may not know they are infected. The Centers for Disease Control and Prevention (CDC) recommends routine HIV testing for all women during every pregnancy. If women are tested and diagnosed with HIV infection before or early in their pregnancy, they can be given medication to improve their own health and reduce the risk of transmitting HIV to their infant.

Reference: Centers for Disease Control and Prevention



## Black Box Warnings

### Two Drug Recall's during April-June 2014:

Advocate Redi-code+ BMB-Ba006A blood glucose test strips: was recalled due to not being compatible with certain Advocate glucometers causing an incorrect glucose result.

Genstrip blood glucose test strips: recalled due to supplier, Shasta Technologies LLC, being in violation of quality control which could cause the test strips to report inaccurate blood glucose levels.

### One FDA warning was issued for the July-September 2014.

Xolair: Warning issued because patients on this medication may have a slightly higher risk of serious adverse events affecting the cardiovascular and cerebrovascular systems as well as potential cancer risks according to the FDA. In result, these risks have been added to the drug label.

### No recalls for October- December 2014

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## Is Your Clearinghouse On CMDP's List Of Trading Partners?

Dental Exchange

Emdeon

Gateway

HEW

If SO, you have a head start toward transmitting electronic claims to CMDP!

CMDP has registered, tested and proven our ability to accurately receive claims from the above Clearinghouses.

If NOT, you are just a phone call away from billing us electronically!

If you or your Clearinghouse would like to register with CMDP, please visit our website

[www.AZDES.gov/dcyf/cmdpe](http://www.AZDES.gov/dcyf/cmdpe)

or call our Provider Services Representative, Sylvia Valdez at 602-364-4053  
to become a Trading Partner today!

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## DRG Is Here to Stay!

Effective 10/1/14, AHCCCS has implemented an All Payer Refined-Diagnosis Related Group (APR-DRG) based payment system which replaced the tiered Per Diem inpatient payment methodology. The transition point will be based on Ending Date of Service, so for patients Discharged on or after October 1<sup>st</sup> the whole claim will be priced using the APR-DRG calculation.

What are Administrative Days you ask? Administrative days are those days in which a member does not meet the criteria for an acute inpatient stay, but are not discharged because an appropriate placement outside the hospital is not available or the member cannot be safely discharged or transferred. Administrative days must be billed on a separate claim form and must have a separate Prior Authorization from the acute care services.

Remember, a prior authorization/notification and documentation is required when the claim is submitted.

Please utilize the following link for details regarding DRG's and to clarify any questions related to DRG-based payments:

<http://www.azahcccs.gov/commercial/ProviderBilling/DRGBasedPayments.aspx>

If you have any further questions, please call Rachel Ferrero at 602-771-3675.

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# Tips on Providing Culturally Competent Care to Patients

## Do not stereotype people

Information you have on cultural traditions is but a starting point for understanding another individual. There are many influences on one's cultural beliefs, so find out first if the person fits the generalization.

## Ask patients what they think caused their illness

Not every patient thinks a "germ" or "virus" caused their disease. They may attribute a variety of causes such as stress, spiritual forces or bodily imbalances.

## Respect their beliefs, even if they appear strange to you

Often patients are afraid to tell a health care provider what home treatments they may be using or what other practitioners they may be seeing because of ridicule they have experienced in the past.

## When and if possible, incorporate into your treatment plan the patient's beliefs about treatment and prevention that are not contraindicated

Patients will likely go ahead and use their own treatments anyway, but if you incorporate their beliefs into the treatment plan, they are more likely to follow your treatment plan.

## Do not neglect the patient's family

In many cultures, important decisions are made by the family, not simply the individual. Involving the family in decision-making process and treatment plan will help gain the patient's compliance with treatment.

## Respect and do not discount a patient's concern about supernatural influences on his/her health and well being

Do not minimize the patient's concerns. Your minimization will not change the patient's beliefs. Listen respectfully to the patient's concern and when possible involve an appropriate spiritual healer/advisor in the patient's care.

## Learn about the beliefs and practices of the patient populations in your community

This will help you better understand your patient's attitudes and behaviors. You may also use this knowledge to question a patient to learn more about their own individual practices.

Article taken in part from Communication with Patients: Cultural Competency,  
College of Medicine,  
Medical University of South Carolina.

## Billing Members is Prohibited

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.

Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-351-2245 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

## Language Line

Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service is for interpretation in over 140 languages either by phone or written translation. **American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, you must contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.





### Helpful Websites

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents.

[www.azahcccs.gov](http://www.azahcccs.gov)

Children's Rehabilitative Services (CRS): This program provides medical care and support services to children and youth who have chronic and disabling conditions.

<http://www.uhcommunityplan.com/>

Vaccines for Children (VFC): A federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.

<http://www.cdc.gov/vaccines/programs/vfc/index.html>

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.

[www.ecbt.org](http://www.ecbt.org)

Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition who's efforts are to partner with both the public and private sectors to immunize Arizona's children.

[www.whyimmunize.org](http://www.whyimmunize.org)

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

[www.aap.org](http://www.aap.org)

## Comprehensive Medical and Dental Program "Serving Arizona's Children in Foster Care"

(602) 351-2245

800 201-1795

[www.azdes.gov/cmdp](http://www.azdes.gov/cmdp)

### Department Email Addresses

Claims	<a href="mailto:CMDPClaimsStatus@azdes.gov">CMDPClaimsStatus@azdes.gov</a>
Provider Services	<a href="mailto:CMDPProviderServices@azdes.gov">CMDPProviderServices@azdes.gov</a>
Behavioral Services	<a href="mailto:CMDPBHC@azdes.gov">CMDPBHC@azdes.gov</a>
Member Services	<a href="mailto:CMDPMemberServices@azdes.gov">CMDPMemberServices@azdes.gov</a>

### Department Fax Numbers

Claims	(602) 265-2297
Provider Services	(602) 264-3801
Behavioral Services	(602) 351-8529
Medical Services	(602) 351-8529
Member Services	(602) 264-3801



## *Arizona Department of Child Safety*

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.